## IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001-0300

## CASSANDRA SCHMILL

FILED

Petitioner

FEB 1 4 2006

vs.

OFFICE OF WORKERS' COMPENSATION JUDGE HELENA, MONTANA

## LIBERTY NORTHWEST INSURANCE CORPORATION

Respondent/Insurer

## MONTANA STATE FUND

Intervenor.

AFFIDAVIT
STATE OF <u>TENNESSEE</u> ) ; ss.
County of <u>DAVIDSON</u> )
¶1   L. Jackson Walker (NAME), being first duly sworn upon oath, depose and say:
¶2 I, L. Jackson Walker (NAME), am the Assistant Secretary  (POSITION) of Direct National Insurance (NAME OF INSURER OR SELF-INSURER).  Company f/k/a National Insurance Underwriters  Direct National Insurance Company f/k/a
In my capacity as Assistant Secretary (POSITION) of National Insurance Underwriters (NAME OF INSURER OR SELF-INSURER), I am authorized to make the statements set forth in this affidavit on behalf of the National Ins. Co. (NAME OF INSURER OR SELF-INSURER) and to bind the Insurance Underwriters (NAME OF INSURER OR SELF-INSURER) by these statements.

Direct National Insurance Company f/k/a After a review of our records, I swear under oath that National Insurance Underwriters

(NAME OF INSURER OR SELF-INSURER) should be dismissed from the above-

entitled action for any or all of the following reasons (check any or all that apply):

DOCKET ITEM NO. 276

	INSURER) ha	novor writte	(NAME	OF	INSURER Impensation		SELF- ance in
	the state of Monational Insurar	ontana;	-		71115		
	National Insurar (NKA Direct Nati	ice Underwriter onal Insurance	S /NIAR/IE	OF	INSURER	OR	SELF-
$\square$	Company) INSURER) do	es not have a	iny Monta				
			(NAME	OF	INSURER	OR	SELF-
	INSURER) ha	s no claima forth in the su	nts meet	ting th	ne Court's d	riteria	in this
<del></del> 1		•	(NAME	OF	INSURER	OR	SELF-
	INSURER) was	ns or is in liquinended summ	idation d	uring	the period in	n ques	tion set
¶5 I understand of up to 90 days for may conduct discount the foregoing state of INSURER OR the Petitioner's cobased on the swort	very and invest ement(s) made SELF-INSURE unsel the Cou	of filing this a ligation for the by me on be E <b>R).</b> After su It will dismiss	fildavit we limited the half of the limited the half of the linst the instant	ourpos rect N k/a Na nys, if urer/se	se of province tional Ins. C tins. Underwood	or dis	sproving (NAME dged by
	der penalty of p		e foregoi	ng is (	correct.		•
DATED this	29th day of	December		_, 200	) <u>5</u> .		
			Jach	-b	(Nam	e)	
			U				
111111111111111111111111111111111111111	1111		Assistan	it Sec	retary (Title)	<del>.</del>	
LILL STINE C	O. Marie	A	a	>	cach be	., <b>/</b>	002
Signed	swort to befor	e me this 💆	day o	f _/	<u> Manie</u>	<u>C</u> , 2	000
TENNESSE NOTARY PUBLIC	E		College	luu	Clake	$\mathcal{O}$	
PUBLIC			y Public f			TN	
ON COUNT	11111		ing at:_ <i>_</i> / ommissio		DSON (Jou pires: 3/2	1/09	
My Commission Expires	MAR. 21, 2009	iviy Co				7 1	